

**STATE OF MONTANA: DEPARTMENT OF ENVIRONMENTAL QUALITY**

Return Completed Form to Public Water Supply & Subdivisions Bureau, Public Water Supply Program,

Attention: C. Fetkavich 1520 E. 6th Ave, P.O. Box 200901, Helena, MT 59620-0901

**Email to: DEQChlorineReportsEmailId@mt.gov or Fax to: (406) 444-1374**

**\*MUST BE SUBMIT BY THE 10TH OF THE FOLLOWING MONTH\***

**Chlorine Reporting Form for Groundwater PWS**

Month \_\_\_\_\_ System Name: \_\_\_\_\_

Year \_\_\_\_\_ PWS ID # \_\_\_\_\_ Submitted by: \_\_\_\_\_

Check one: ☐ Community ☐ NonCommunity ☐ NonCommunity

Non-Transient Transient

Date	Daily Chlorine Residual at Point of Entry <sup>1</sup> (After Point of Application and Prior to First Service Connection)			Daily Chlorine Residual Measurement Taken in Distribution System <sup>2</sup>	
	Source #1	Source #2	Source #3	Distribution System	Residual mg/l
	(Residual mg/l)	(Residual mg/l)	(Residual mg/l)	(Test Location)	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
# < 0.2					

1. If you use more than three sources then you will need to use more than one form.

2. Rotate chlorine determination sampling point within your system using your Chlorine Monitoring/TCR Site Plan in order to cover your entire distribution system during the week.

Any Questions? Please call (406)444-4400, Public Water Supply & Subdivisions Bureau.